

JOURNEYS AND BRIDGES TRANSITIONAL HOUSING
Pre-Screening Guide for Potential Residents

All applicants must complete this form in full. Submission does not guarantee placement. All information will remain confidential and is used solely to determine eligibility.

APPLICANT INFORMATION

Full Legal Name:

-

Date of Birth:

Social Security Number (Last 4 digits):

Phone Number:

-

Email Address:

-

Current Address:

-

City/State/ZIP:

-

EMERGENCY CONTACT

| Name: _____ | Relationship: _____ |

| Phone Number: _____ | Alternate Phone: _____ |

| Name: _____ | Relationship: _____ |

| Phone Number: _____ | Alternate Phone: _____ |

HOUSING HISTORY

1. **Are you currently housed?** Yes No

○ If yes, where? _____

○ If no, where are you currently staying? _____

2. **Have you lived in transitional housing before?** Yes No

○ If yes, where and when? _____

EMPLOYMENT & INCOME

1. **Are you currently employed?** Yes No

○ Employer Name: _____

○ Position: _____ Hours/week: _____

○ Start Date: _____

2. **Monthly Income:** \$ _____

(Include income from employment, benefits, SSI, SSDI, child support, etc.)

3. **Attach Proof of Income**

Pay stubs (last 30 days)

Benefits award letter

Other: _____

LEGAL & HEALTH INFORMATION

1. **Do you have any pending criminal charges?** Yes No

○ If yes, please explain: _____

2. **Are you currently on probation or parole?** Yes No

○ Officer's Name/Contact (if applicable): _____

3. **Do you have any medical, mental health, or substance use concerns you would like us to be aware of for housing suitability?**

(This does not automatically disqualify you. Disclosure helps determine supportive needs.)

4. **Are you currently participating in any treatment or recovery program?** Yes No

o Program Name: _____

HOUSE RULE ACKNOWLEDGMENT

Please check each box to indicate your understanding of the following rules required for residency:

- I understand that **drug and alcohol use is strictly prohibited** on the property.
- I understand that **unauthorized guests are not permitted** at any time.
- I understand that **violations of zero-tolerance policies will result in eviction.**
- I agree to participate in ongoing check-ins and case management if required.

PERSONAL STATEMENT (Optional)

Tell us briefly why you are seeking housing through Journeys and Bridges Transitional Housing and how this opportunity will support your goals.

SIGNATURE

I certify that the information provided above is true and complete to the best of my knowledge. I understand that this is a pre-screening form and does not constitute a lease or agreement of placement.

| Applicant Signature: _____ | Date: / /20__ |

| Staff Reviewer: _____ | Date: / /20__ |

